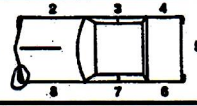
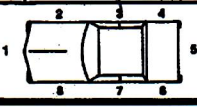


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. #15-6041		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH 4/16/15		DAY Thursday	TIME: MILITARY 1345 hrs.		
CRASH OCCURRED ON 650 E Main St. (McDonalds)						WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION ____ MILES ____ FEET W S E OF						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					CITY CODE
LOG-1		LOG-2		LOC JUR FH9 FILT							
A	UNIT NO. 01	NO OF OCCUPANTS 1		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT		INSURANCE CO OR AGENT Erie Insurance					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Heim, Alyssa G.						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9604 Waterford Place Apt 311, Cleveland, OH					
PHONE NO. (630) 632-8144		BIRTH DATE 6/27/88		AGE 26	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. SUS18914		OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS SAME					PHONE SAME
VEH YR '09	MAKE Nissan	MODEL -		COLOR RED	STYLE 2D	STATE OH		LICENSE PLATE NO. FAU4275	TOWING SERVICE	VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 02	NO OF OCCUPANTS		<input type="checkbox"/> OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON-CONTACT		INSURANCE CO. OR AGENT Unknown					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.		BIRTHDATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Suspect vehicle: EHR3948/04						ADDRESS				PHONE	
VEH YR '01	MAKE Dodge	MODEL Trade		COLOR Silver	STYLE	STATE OH		LICENSE PLATE NO. EHR3948	TOWING SERVICE	VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	POSITION		INJURIES	
		ADDRESS			PHONE		SEX	A B C D E F		A B C D E F	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS			PHONE		SEX	A B C D E F		CONDITION	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS			PHONE		SEX	A B C D E F		RESTRAINTS	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
		ADDRESS			PHONE		SEX	A B C D E F		ALCOHOL	
A	B	C	INJURED TAKEN TO			By			A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED
D	E	F	INJURED TAKEN TO			By			A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN
A		ORC CITY ORD			OFFENSE CHARGED AND DESCRIPTION			A B C D E F		DRUGS	
O		ORC CITY ORD			OFFENSE CHARGED AND DESCRIPTION			A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
RECEIVED CALL 1401		DISPATCHED 1401		ARRIVED 1403		CLEARED 1425		OTHER TIME 22		TOTAL MINUTES 1:35 mins.	
DATE REPORT FILED 4/16/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Sgt. M. McCutchan		BADGE NO. 106		CHECKED BY			
State Ptl-012 2/13/03											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION